

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE	
						APPLICANT(S)		09/582971	
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51			
2	1					52			
3	1					53			
4	1					54			
5	1					55			
6	1					56			
7	1					57			
8	1					58			
9	1					59			
10	1					60			
11	1					61			
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35	1					85			
36	1					86			
37	1					87			
38	1					88			
39	1					89			
40	1					90			
41	1					91			
42	1					92			
43	1					93			
44	1					94			
45	1					95			
46	1					96			
47	1					97			
48	1					98			
49	1					99			
50	1					100			
TOTAL IND.	6					TOTAL IND.			
TOTAL DEP.	17					TOTAL DEP.			
TOTAL CLAIMS	53					TOTAL CLAIMS			